## **PROOF OF POSTING**

		(name of discharger)
(1)	at the	(name of city hall or county courthouse)
	on	
		(date posted)
(2)	at the	(name of post office)
	on	(date posted)
(3)	at the	
		(name of Discharger's facility)
	on	(date posted)
		(signature)